POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	⅟		
O.I.P.E. CLASSIFIER		21	6/01/01
FORMALITY REVIEW	MD	579	8/10/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
–	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		0	.... Objected

BEST AVAILABLE COPY

Final	Original	7/17	12/18	7/30/02	1/27/05						
1	①	✓	✓	✓	✓						
2	2		✓	✓	✓						
3	3			✓	✓						
4	4		✓	✓							
5	5		✓	✓							
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If more than 150 claims or 10 actions
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